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*The Physicians of This Innovative Practice Speak Out
on the PSA Screening Controversy and
Other Timely Developments Within the Specialty*

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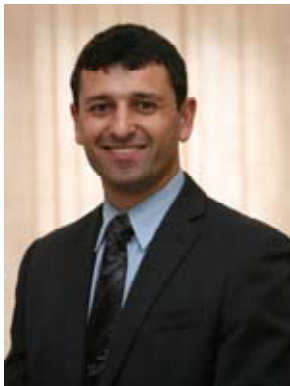
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Rotolo, Howard & Leitner Urologic Associates

The Physicians of This Innovative Practice Speak Out on the PSA Screening Controversy and Other Timely Developments within the Specialty

By Iris Goldberg

The good news is that we are living longer. A current concern, however, is whether our healthcare system can keep up with the ever-growing demand. As our population ages, many specialties are challenged to meet the needs of the increased number of older patients while continuing to provide exemplary care to younger patients as well. This is particularly true within the field of urology. Many urologic conditions such as prostate cancer, bladder cancer and urinary incontinence, to name a few, become more prevalent as we age. Yet problems such as testicular cancer, sexual dysfunction and infertility, for example, are still problems faced by some younger adults.

For patients in Monmouth and Ocean counties, Rotolo, Howard & Leitner Urologic Associates continues to evolve in order to provide the highest quality of urologic care to men and women of all ages. By incorporating the latest medical and surgical techniques and evidence-based practices, the physicians of Urologic Associates stay on top of emerging information regarding the most effective treatment for the entire gamut of urologic disorders. (See Fig. 1)

James E. Rotolo, MD, FACS, who is **Chief of Urology at Ocean Medical Center**, is the founder of the practice and has significant expertise in all aspects of urologic care. He was joined in 1997 by **Michael L. Howard, MD, FACS**, who treats the complete spectrum of urologic disorders and prioritizes the importance of developing skills to enhance communication with patients. Next to join Urologic Associates was **Robyn R. Leitner, MD, FACS**, who, in addition to practicing all areas of urology, specializes in female urology, urinary incontinence and pelvic prolapse. The newest member of the practice is **Mark A. Perlmutter, MD**. Besides his expertise in managing patients with

Figure 1

Overview of Urologic Conditions Treated at Urologic Associates

Adrenal Mass or Nodule	Overactive Bladder
Bladder Stones	Pelvic Pain Syndromes
Bladder Tumors	Penile Cancer/Disorders
Bladder Prolapse	Prostate Cancer
Circumcision	Prostate Enlargement (BPH)
Hematuria	Prostate Infections
Hydrocele	Sexual Dysfunction
Hydronephrosis	Testicular Infections
Hypogonadism (Low Testosterone)	Testicular Mass
Interstitial Cystitis	Testicular Pain
Kidney Cysts	Urinary Incontinence
Kidney Infections	Urinary Retention
Kidney Stones	Urinary Symptoms/Problems
Kidney Tumors	Urinary Tract Infections
Male Infertility	Vasectomy
Neurogenic Bladder	Vasectomy Reversal



Dr. Rotolo, Chief of Urology, Ocean Medical Center and founder of Urologic Associates, in surgery.

all urologic conditions, Dr. Perlmutter underwent specialized training in robotic surgery at Henry Ford Hospital in Detroit, Michigan under the direction of Dr. Mani Menon, who is one of the pioneers and foremost authorities on robotic surgery worldwide.

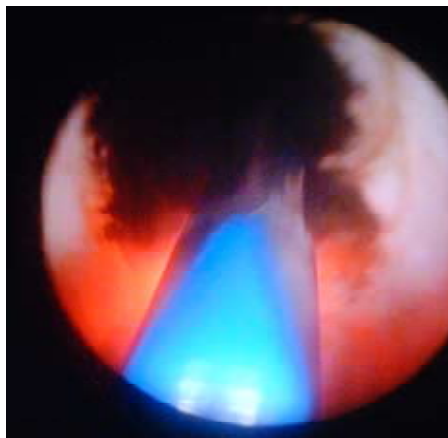
Perhaps one of the most controversial discussions taking place in today's health-care arena, concerns the recommendations on **PSA screening** for **prostate cancer**. The most recent statement from the United States Preventive Services Task Force (USPSTF) recommends against PSA-based screening for prostate cancer, citing that "there is a very small potential benefit and significant potential harms." This refers to the risks associated with aggressively treating prostate cancers, especially those that could effectively be managed with a "watch and wait" approach.

While Dr. Rotolo agrees that some prostate cancers are over-treated, he strongly disagrees with the idea of eliminating routine PSA-based screening. "I've been around long enough to remember treating prostate cancer patients in the pre-PSA era," he shares. "At that time it was not unusual to see patients dying painful, slow, miserable deaths. Nowadays, if you're diagnosed with prostate cancer, your curability rate is over ninety percent," Dr. Rotolo adds. He believes, that to a great extent, survivability is better, due primarily, to heightened public awareness and earlier diagnosis, rather than to revolutionary changes in treatment regimens.



Dr. Rotollo performs the GreenLight procedure to alleviate symptoms of benign prostate disease (BPH).

"PSA testing itself should not be controversial," Dr. Rotolo adamantly states. "PSA testing is simple, it's safe and along with a digital rectal exam, it markedly improves screening for prostate cancer. PSA testing does not necessarily lead directly to treatment for prostate cancer and that's



GreenLight uses laser energy to remove enlarged prostate tissue, resulting in an open channel for urine to flow through and a quick return to a life that's free of BPH symptoms.

where there is a communication breakdown," he points out.

When PSA test results are concerning, Dr. Rotolo explains that a biopsy would most likely be performed to determine if there is cancer. Then the biopsy results can provide the information to determine if the cancer should be treated and if so, how it should be treated. "What a lot of people fail to grasp is that prostate cancer is a very heterogeneous disease," Dr. Rotolo remarks. "Prostate cancer comes in many different grades and stages and to presume that it is not necessarily worth treating before having all of the information is very dangerous," he strongly warns.

Dr. Rotolo discusses the evolving prostate cancer treatment philosophy embraced within the medical community today. "We're using the protocols of **watchful waiting** and **active surveillance** much more today than we have in the past," he says. PSA screening does not necessarily lead to treatment. PSA screening may lead to a biopsy and the biopsy is what will help us to determine whether and how to treat the patient," reiterates Dr. Rotolo.

Upon receiving biopsy results that are positive for prostate cancer, Dr. Rotolo and the other physicians at Urologic Associates use the information to make a treatment decision based on the grade and stage of the disease in that particular individual. "Someone with minimal volume of low to moderate grade disease may not need to be treated at all," informs Dr. Rotolo.

He goes on to explain that a patient with 2 or fewer positive cores out of the 12 or more that were tested, a Gleason's score

of 6 or lower and no core with greater than 50% involvement, is a good candidate for active surveillance, during which the PSA is followed closely along with periodic repeated biopsies to see if there has been an upstaging of disease.

For those patients who don't qualify for active surveillance, the treatment options are **hormonal therapy**, **radiation therapy** or **prostatectomy** (surgery to remove the prostate). A metastatic work-up, including CT and bone scans may be needed to ascertain whether or not the cancer has spread beyond the prostate. When a patient is found to have a low volume and low to moderate grade of clinically localized disease, the only treatments that are potentially curative are radiation therapy and surgery. For older patients who want to avoid surgery, radiation is certainly an appropriate option. When a patient who meets these criteria is comparatively young, fit and in good health, however, Dr. Rotolo almost always recommends surgery over radiation therapy.

Even though radiation therapy can eradicate the cancer, Dr. Rotolo reasons that in a younger man, who is obviously predisposed to prostate cancer, it could be a mistake not to remove the entire prostate. If a new prostate cancer develops 10 or 15 years down the road, radiation therapy could not be repeated. Furthermore, performing surgery on tissue that was previously irradiated is much more difficult than operating on virgin tissue, as he explains.

"With a well done prostatectomy, whether it's done open or robotically, if the margins are negative at the time of surgery, the patient's prostate cancer is essentially in his rear-view mirror, Dr. Rotolo states. "He has very, very low risk of recurrence," he adds.



Dr. Perlmutter, seated at the controls of the da Vinci robot performing a prostatectomy.



The da Vinci system translates Dr. Perlmutter's large hand movements into precise, minute movements inside the patient. It provides 3-D imaging, along with minimal blood loss which allow for maximized, clear vision of the surgical field.

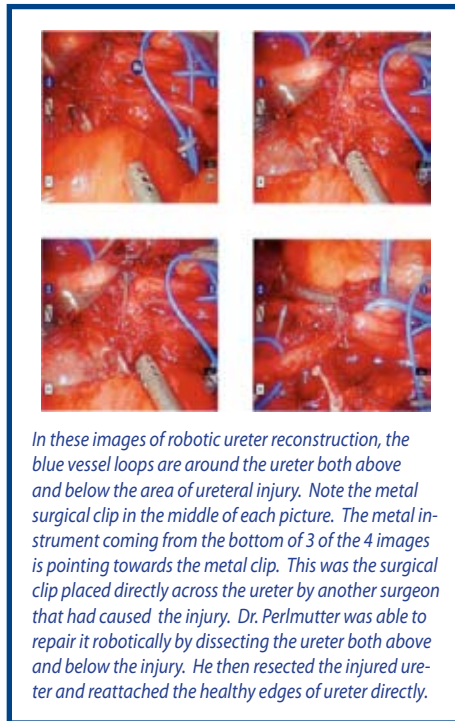
Prostate cancer patients at Urologic Associates who opt for the **robot-assisted laparoscopic prostatectomy** have their procedures performed by Dr. Perlmutter, an expert in **da Vinci™ robotic surgery**. In fact, all robotic surgeries at Urologic Associates are currently performed by Dr. Perlmutter. The da Vinci system translates the large hand movements of the surgeon into precise, minute movements inside the patient. It provides 3-D imaging, along with minimal blood loss which allow for maximized, clear vision of the surgical field. Dr. Perlmutter, who was trained in both open and robotic surgery and is quite comfortable with either, discusses both approaches for prostate removal.

"Overall, the outcome in terms of the cancer is the same for both. The survival rate, the positive margin rate, the recurrence rate are all equivalent between the two," he reports. "The overall urinary continence rate and erectile function post-operatively, are also similar between the two," Dr. Perlmutter has found. "The main advantage of robotic surgery is there is significantly less blood loss. There is a significantly lower risk of needing a blood transfusion. There is also significantly less pain, post-operatively and there is a significantly faster recovery time," he distinguishes.

Dr. Perlmutter utilizes the da Vinci technology to perform other urologic surgeries, as well. One procedure which Dr. Perlmutter explains is tremendously beneficial over the open surgery, when done robotically, is **partial nephrectomy** for the treatment of kidney tumors. He relates that the traditional open approach is a complex and invasive procedure.

"The traditional procedure requires a

large incision along the rib cage on the patient's flank that is extremely painful and requires hospitalization for a number of days," Dr. Perlmutter shares. "Traditionally, surgeons sometimes would even remove a portion of the rib to do that procedure and it is not uncommon to create a small injury into the lung cavity during that traditional open surgery," he continues. "Robotic surgery completely avoids all of those risks. The pain is minimal. In fact, I've had patients tell me that they really have no pain and I've had to actually caution them to slow down after surgery," states Dr. Perlmutter.



In these images of robotic ureter reconstruction, the blue vessel loops are around the ureter both above and below the area of ureteral injury. Note the metal surgical clip in the middle of each picture. The metal instrument coming from the bottom of 3 of the 4 images is pointing towards the metal clip. This was the surgical clip placed directly across the ureter by another surgeon that had caused the injury. Dr. Perlmutter was able to repair it robotically by dissecting the ureter both above and below the injury. He then resected the injured ureter and reattached the healthy edges of ureter directly.

Robotic pyeloplasty is another procedure that is far less risky than the traditional open surgery. Pyeloplasty is indicated for an obstruction of the uteropelvic junction (UPJ), which is the portion of the collecting system that connects the renal pelvis to the ureter. The blockage, usually caused by scar tissue or a crossing blood vessel, prevents the urine from draining properly. This can lead to progressive dilation of the renal collecting system and can ultimately result in deterioration of kidney function.

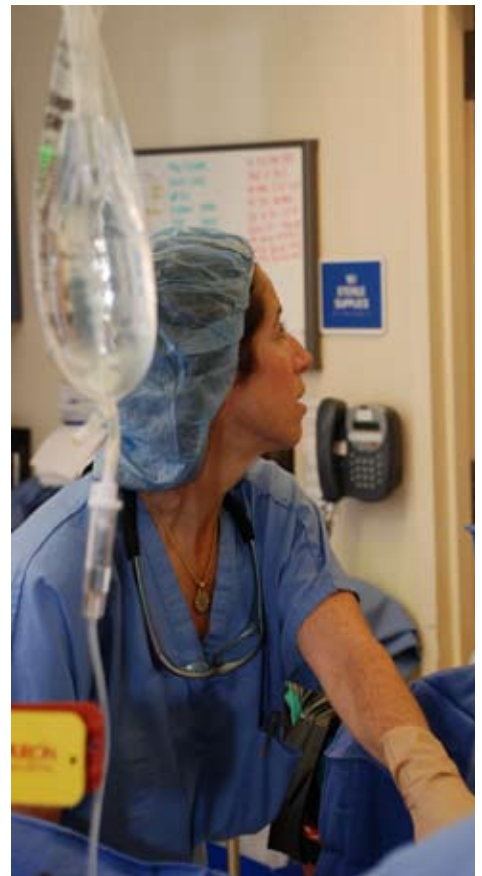
To treat this condition, Dr. Perlmutter incorporates the robot to remove the diseased portion and then reconstruct the ureter and re-connect it to the kidney to allow proper drainage of urine. He points out that this is another example of a surgery that is extremely complex, painful

and invasive when performed with an open approach that, when done robotically, is a minimally invasive procedure.

"Doing these procedures laparoscopically, without the robot, would be very challenging, technically," Dr. Perlmutter confides. "Robotics allows all of these complex procedures to be performed minimally invasively, with all of the advantages associated with that," he is pleased to share.

Besides prostatectomy, partial nephrectomy and pyeloplasty, another procedure that Dr. Perlmutter performs robotically is **total nephrectomy** in which the entire kidney is removed. Also, he was one of the first in the state of New Jersey known to do a **ureteral reconstruction** robotically for ureter trauma.

The addition of the robot to enhance the surgeon's ability to perform certain urologic procedures, such as radical prostatectomy, with a minimally invasive laparoscopic approach has certainly become increasingly more prevalent. There are times, however, when **hand-assisted laparoscopic surgery** might be performed by the physicians at Urologic Associates.



Dr. Leitner views the monitor while performing cystoscopy on a patient with recurrent bladder cancer.



Dr. Howard uses laser technology to remove a large stone located in this patient's bladder.

The set-up, anesthesia and equipment are the same in a hand-assisted laparoscopic case as in a pure laparoscopic case. Blood loss, length of hospital stay and recovery time is similar as well. The difference involves the creation of a small incision just large enough to place the surgeon's hand. A gel port is placed in this incision. It creates an air tight passageway for a surgeon's hand. This addition allows the surgeon the best of both worlds. Laparoscopic magnification and instrumentation may be used in combination with a hand in the operating field.

Dr. Howard discusses using this technology (which is appropriate when comparatively larger specimens require removal), to perform partial and total nephrectomies, where the entire kidney can be pulled out through the incision where the surgeon's hand is placed. "Using a hand and one laparoscopic instrument as opposed to a purely laparoscopic approach really allows the procedure to happen a little more quickly and safely," Dr. Howard explains.

He goes on to share that when there is a tumor in the ureter, hand-assisted laparoscopic surgery can be used to perform **nephroureterectomy**, in which the ureter, kidney and a cuff of bladder are removed in order to minimize the chance of recurrence. This allows for a smaller incision and quicker recovery without sparing the quality of the result.

With more senior citizens alive today than at any other time in our history, **bladder cancer**, which usually strikes those over the age of 60, especially former smok-

ers, is a significant concern within that population. Also, increased incidence of bladder cancer has been found in some diabetic patients who are taking the medication ACTOS. At Urologic Associates, the physicians employ the most current modalities to diagnose and treat bladder cancer in order to achieve excellent long-term outcomes.

Dr. Rotolo shares that when microscopic hematuria is present in two out of three urinalyses, or when there is any gross hematuria, the patient should be evaluated. At Urologic Associates, this would include a **renal ultrasound** to show the contour of the kidneys, followed by **cystoscopy** and **retrograde pyelogram** for direct visualization of the bladder and inspection of the entire urothelium (epithelial lining of the urinary tract, including bladder, ureters and kidneys).



Cystoscopy provides the surgeon with direct visualization of the bladder.

When cancer is found in the bladder it is resected at the time of the finding. Unfortunately, the recurrence rate for bladder cancer can be as high as two out of three. In one out of three patients, the cancer can actually progress to a higher grade and stage of disease. Therefore, the physicians at Urologic Associates employ various strategies to help reduce the recurrence rate and also to help find the recurrences at a very early stage.

Typically, patients who have had bladder cancer will go on a protocol in which they will undergo cystoscopy every three months for a period of two years. If they remain cancer-free after two years, they will be scoped every six months for two years. If after that period of time they are still cancer-free, they will have cystoscopy annually with periodic retrograde pyelograms.

"If a patient is diagnosed with multiple tumors, a large tumor or a high grade or stage tumor, then what we do additionally, is begin treatment with **BCG**, which is a living but weakened strain of the tuberculosis bacteria," explains Dr. Rotolo. "It is inserted into the bladder in six weekly treatments and it causes an immune reaction in the bladder that helps to reduce the recurrence rate as well as the progression rate," he elaborates. Occasionally, additional treatment measures may be employed, such as instillation of Interferon, for refractory, localized bladder cancers.

While many patients are treated by the physicians at Urologic Associates for cancerous conditions, a great number of patients suffer from non-cancerous disorders that also diminish the quality of



Interstim modulates sacral nerves with mild electrical pulses.

one's life. **Urinary incontinence** and/or significant symptoms of **urgency** or **frequency** are devastating, to say the least. At Urologic Associates the physicians offer the latest advancements in technology to treat patients and help them get back to enjoying life again without the constant worry of bladder control.

InterStim Therapy involves the placement of a small neurostimulator in the patient's upper buttock during a minimally invasive same-day procedure. The sacral nerves, which are located near the tailbone, control the bladder and muscles related to urinary function. If there is miscommunication between the brain and the sacral nerves, normal bladder function is interrupted. InterStim modulates the sacral nerves with mild electrical pulses. This helps restore communication between the brain and the nerves, allowing the bladder and related muscles to function properly.

Dr. Howard was one of the first urologic surgeons in the area to offer the InterStim technology to patients. "There are benefits for males and females for frequency and urgency, who do not respond to medical therapy, as well as **unobstructed urinary retention**," Dr. Howard offers. "So for example, a diabetic patient who has lost bladder function as the result of diabetes would traditionally have been offered an in-dwelling catheter or intermittent catheterization. InterStim has really been very effective for a large portion of that population in getting them to better empty their bladders," he shares.

Stress incontinence and **over-active bladder** are often experienced by women, especially as they age, although over-active bladder can occur in young women

as well. Dr. Leitner, who is, quite possibly, the only female urologic surgeon practicing within Monmouth and Ocean Counties, sees a significantly large number of female patients and many women who struggle with this problem.

"I do a lot of incontinence work with women and this has become one major focus of my practice" Dr. Leitner reports. She performs the InterStim procedure and also provides medical therapy for her patients who suffer from over-active bladder. For women who have stress incontinence, Dr. Leitner often uses the **SLING**, which is actually a small strip of tape material that she places underneath the urethra to provide support when a woman coughs or sneezes.

Pelvic floor prolapse is another condition that affects some women as they age. Dr. Leitner explains that when there is a defect in the support tissue that keeps the bladder, uterus and rectum up, there can be some protrusion. "There is excellent support tissue repair today that is minimally invasive and provides maximum benefit," Dr. Leitner is pleased to share. She relates that patients need only one night in the hospital after the procedure, which is virtually painless.

Presently, male urologists outnumber female urologists by far and Dr. Leitner agrees that some women may not feel comfortable discussing certain issues with a male physician. She cites the problems

the depletion of vaginal estrogen. "Estrogen keeps the pelvic floor healthy and I see a lot of women who think they have a urinary tract infection when actually it's just a post-menopausal lack of estrogen," Dr. Leitner reveals.

Dr. Leitner is thrilled to report that currently the numbers of male and female urology residents are about equal. She feels certain this will positively impact on the experience that women will have when being treated for urologic conditions. In fact, Dr. Leitner is quite optimistic about the developments in urology in general.

"I think it is a very good time right now. We have a lot to offer both men and women who are having urological issues. Whether it's medication-based or surgery-based, we have a lot to offer nowadays that we didn't have even ten or fifteen years ago. It's just a really nice time to be in urology right now," she remarks.

Dr. Rotolo, Dr. Howard and Dr. Perlmutter could not agree more and share Dr. Leitner's extremely positive outlook. Undoubtedly, present and future patients who are treated at Urologic Associates will benefit, not only from the expertise that the physicians have amassed but also, from their delight in helping patients regain health and a better quality of life.

For more information or to schedule an appointment, please call (732)223-7877 or visit www.newjerseyurologists.com



Interstim therapy involves the placement of a small neurostimulator in the patient's upper buttock.